

PROVIDER ASSURANCES—MATERNAL INFANT HEALTH PROGRAM

AGENCY

1. The agency will adhere to requirements for participation as an MIHP provider and has qualified staff (directly employed or under contract) to provide services.
2. The MIHP Coordinator and staff will be familiar with and comply with the MIHP section of the Medical Services Administration Medicaid Manual and the MIHP Operations Guide. All new MIHP Medicaid Bulletins will be implemented in the time frame noted in the Bulletin.
3. The MIHP Coordinator and staff will participate in MIHP trainings, webcasts and conference calls requested by the Michigan Department of Community Health.
4. The agency will comply with Health Insurance Portability and Accountability Act (HIPAA).
5. Procedures will be in place to handle weekend and after hour's emergencies. MIHP beneficiaries will receive notification of these procedures.
6. The agency must provide directly or arrange bilingual services and services for the visually impaired and/or hearing impaired, as indicated.
7. The agency will respond promptly according to policy requirements to referrals for MIHP and will report disposition of the referral (i.e. initiation of services, inability to locate, or refusal of services) to the referring source within one week of receipt.
8. The agency will have ongoing communication with the beneficiary's primary health care provider and Medicaid Health Plan (MHP).
9. A care coordinator will be assigned for each beneficiary. The care coordinator will monitor and coordinate MIHP intervention, referral, and follow-up.
10. The agency will complete the standardized screening and assessment; develop a plan of care and document interventions and outcomes per MIHP procedure.
11. The agency will have a system in place for handling recipient grievances.
12. The agency will assure, that in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendment of 1972; the Regulations issued there under by the U.S. Department of Health and Human Services, the Michigan Handicappers' Civil Rights Act (1976 PA 220), and the Michigan Civil Right's Act (1976 PA 453), no individual shall, on the grounds of race, creed, age, color, national origin or ancestry, religion, sex, marital status, or handicap be excluded from participation, be denied the benefits of, or be otherwise subjected to discrimination.
13. The agency will be a member of or otherwise actively link to the Early On Interagency Coordinating Council (e.g., ICC, LICC, Great Start Collaborative).
14. The agency will work with the local Michigan Department of Human Services, Children's Protective Services (CPS) unit to assure referral and follow-up as appropriate.
15. The agency agrees to work cooperatively with local public health programs such as Women, Infants, and Children Supplemental Food Program (WIC); Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT); Children's Special Health Care Services (CSHCS); and with other agencies that may have appropriate services to offer the MIHP beneficiary.

MATERNAL

1. The agency will initiate maternal services within fourteen (14) days of receiving a referral. The agency will document this.
2. The agency understands it may provide services in both office and home settings but will provide visits in the home where possible.
3. The agency understands that the MIHP facilities are comfortable, clean, safe and barrier free. (Section 504 of U.S. Rehabilitation Act of 1973)
4. The agency understands that services may be rendered to each maternal beneficiary for the duration of her pregnancy and may extend 60 days postpartum, for the purpose of case closing.
5. The agency will provide or arrange child birth education that follows the MIHP Medicaid childbirth education curriculum guidelines.
6. The agency will assure staff are providing, minimally, 30 minute client visits.

INFANT

1. The agency will initiate infant services within seven (7) days of receiving a referral. The agency will document this.
2. The agency understands that infant services provided through MIHP are focused on the benefit of the Medicaid eligible child.
3. The agency will provide or arrange parenting education that follows the Medical Services Administration parenting education curriculum guidelines.
4. The agency will deliver 80% of MIHP services in infants' place of residence or in the infants' general living environment, if home visits appear not feasible. The records will reflect the reason services are not provided in the residence.

OTHER

1. The agency will comply with any and all requests associated with evaluation of MIHP.

Projected date for beginning MIHP services:

The individual whose signature appears below is authorized to sign this document on behalf of the agency, and indicates by signing that all assurances will be met.

Name:

Title:

Signature: _____ Date: _____

05-15-13

Agency Name:

THIS ASSURANCES SECTION MUST BE SUBMITTED WITH YOUR APPLICATION

MIHP Application Template and Rating Grid

1. Agency Description

Data Element	Criteria	Rating	Comments
a. Describe the type of agency (HHA, LHD, Clinic, FQHC, private , etc.) and your mission statement and how it relates to serving pregnant women and infants	1) Describe your type of agency 2) Mission statement relates to serving pregnant women and infants	Fully Partially Not at All	
b. Describe when your agency was formed, organizational structure, owners, how long you have been in service, the location and areas served.	1) Describe agency, including when it was formed, owners, how long you have been in service, the location and areas served 2) Organizational chart attached or narrative description of organizational structure provided	Fully Partially Not at All	
c. Describe how your agency has progressed (increased in services) since it was founded. (numbers served or adding different types of services)	1) Where agency was at when it started and where it is now 2) Has it grown in size and in services?	Fully Partially Not at All	
d. Describe your current services and population served.	1) Current services 2) Population served	Fully Partially Not at All	
e. Explain how opening a MIHP at this time is a fiscally sound decision.	1) Current financial status and solvency 2) Sufficient capital available for MIHP start-up to cover expenses for at least one month	Fully Partially Not at All	
f. Provide a summary of future plans as an MIHP provider for the next year. Include estimated number of clients	1) Future plans for MIHP (remain same, expansion of service area, etc.) 2) Estimated number of clients to be served in first year 3) Number of MIHP staff (employees and/or contractors) in	Fully Partially Not at All	

	first year to be served, number of MIHP staff, and expansion of service area, if applicable.	4) Plan to expand service area in first year	
8. Explain what will make your agency a success in serving MIHP clients (e.g., location, very experienced personnel, experience providing services to the target population, experience providing services to diverse populations, etc.).	1) What will make your agency a success in serving MIHP clients	Fully Partially Not at All	

2. Market Analysis

Data Element	Criteria	Rating	Comments
a. Describe and quantify the number of Medicaid births in your service area.	1) Number of Medicaid-births per county to be served (most recent year data is available) www.milhs.org/wb/ content/uploads/2011/07/RightStartJuly2011.pdf 2) Breakdown of above by race and mother's age http://www.michigan.gov/mdch/0.4612.7-132-2944_4669_4681-7_00.html	Fully Partially Not at All	
b. How many other MIHPs are serving the same area you propose to serve and the gaps?	1) Number of MIHPs currently serving same area you will serve (by county) 2) Gaps not covered by existing MIHPs.	Fully Partially Not at All	
c. Describe the critical needs of MIHP population in your service area.	1) Transportation 2) Health care access 3) Employment 4) Housing 5) Education	Fully Partially Not at All	

	6) Food access 7) Public safety		
d. Are you targeting any special populations?	1) Yes or no 2) If yes, which population? 3) Estimated number of Medicaid-eligible pregnant woman and infants in this special population in your service area per county to be served	Fully Partially Not at All	

3. Marketing and Outreach Plan

Data Element	Criteria	Rating	Comments
a. Describe your market penetration strategy. (How will your MIHP fit within the current market?)	1) Population to be served 2) What MIHP will do to differentiate itself from other MIHPs 3) How agency will get maternal referrals 4) How agency will get infant referrals	Fully Partially Not at All	
b. Describe your growth strategy. (This is your strategy for building your MIHP and might include human resources – how to increase your staffing as referrals and caseload expand.)	1) How agency will increase staff 2) When will staff be increased	Fully Partially Not at All	
c. How you will assure that your staff will market your MIHP in accordance with Medicaid policy?	1) How you will market your MIHP 2) Who will market your MIHP 3) To whom you will market your MIHP (community agencies, potential recipients, health care providers) 4) Materials to be used to market your MIHP 5) Will there be a web site	Fully Partially Not at All	
d. How will you document your marketing and outreach efforts?	1) Log or book with date, time, activity, numbers of contacts; activities could include phone calls, personal contacts, mail, e-mail, web counts	Fully Partially Not at All	

4. Administrative Capacity

Data Element	Criteria	Rating	Comments
a. Describe your business structure.	1) IRS status: public, private non-profit, or proprietary. 2) If proprietary: LLC, sole proprietorship, partnership, or corporation	Fully Partially Not at All	
b. Provide number of agency staff.	1) Current number of agency staff (employees and/or contractors)	Fully Partially Not at All	
c. Give name(s) of Owner(s) and percentage of ownership, if applicable.	1) Name of each Owner 2) Percentage of ownership by each Owner	Fully Partially Not at All	
d. How will oversight of your MIHP be structured?	1) Who will be primary administrator of the MIHP 2) Who will provide day-to-day oversight of the MIHP 3) Who will supervise staff? 4) Who will provide fiscal oversight of the MIHP 5) Who will report to agency upper-level administration 6) Who will be the liaison to MDCH	Fully Partially Not at All	
e. Who will be responsible for organizational adherence to program requirements and for quality assurance?	1) Who will be responsible for adherence to program requirements 2) Who will be responsible for quality assurance	Fully Partially Not at All	
f. Describe the education, unique experience and skills of key personnel (resumes).	1) Resume attached for Coordinator 2) Resume attached for Coordinator's Supervisor	Fully Partially Not at All	
g. Describe your track record in delivering services to the population served by MIHP.	1) Experience providing MCH services for low income pregnant women and infants 2) Experience providing home visiting services 3) History of providing services in the community where you will operate your MIHP	Fully Partially Not at All	
h. Describe your agency's history of involvement in the	1) Participation in Great Start Collaborative or other groups promoting maternal and early childhood health in targeted	Fully Partially	

	targeted community.	community	Not at All
	2) Participation in community health fairs, family festivals, etc.		
	3) Participation in community fundraising efforts		
	4) Participation in efforts to help establish or sustain community programs		
i.	Provide the business office location(s), where program staff will be located, and what space will be utilized for meetings, team reviews, etc.	1) Address for one or more office locations 2) Where staff will be located 3) Location where staff meetings and training will be held	Fully Partially Not at All
j.	Describe how you will assure effective communication among MIHP staff.	1) Methods of communication between Coordinator and staff 2) Methods of communication across disciplines	Fully Partially Not at All

5. Fiscal Capacity

Data Element	Criteria	Rating	Comments
a. Are you currently a Medicaid provider?	1) Yes or no 2) If yes, what is your NPI number?		
b. Indicate when you will apply to become a Medicaid provider and secure a MIHP specialty code.	1) Date application will be submitted to Medicaid Provider Enrollment	Fully Partially Not at All	
c. How will your agency bill Medicaid (e.g. directly through CHAMPS, through a contracted vendor, through a clearinghouse, etc.) How will you assure accuracy?	1) Billing method 2) If through a contracted vendor, describe vendor billing process 3) How you will assure that billing is completed correctly	Fully Partially Not at All	
d. Describe Biller "B" Aware and its purpose.	1) Description of Biller "B" Aware 2) How often you will check Biller "B" Aware for updates MDCH - Provider Updates-Medicaid Alerts - State of	Fully Partially Not at All	

	Michigan		
e. What will your process be for staff to forward information regarding the services they have provided to your biller? What forms will you use?	1) Process for staff to submit information to biller 2) Forms to be used are included as attachments	Fully Partially Not at All	
f. What will your process be for reconciling claims?	1) Claims reconciliation process 2) Who will reconcile claims	Fully Partially Not at All	

6. Technological Capacity

Data Element	Criteria	Rating	Comments
a. If you have an electronic medical record system, what software do you use?	1) EMR software is identified 2) If no EMR -- "NA"	Fully Partially Not at All	
b. What is your plan for securing technological support if issues arise?	1) Tech support is identified (e.g., in-house IT staff, contract with IT provider such as Geek Squad or an individual, etc.)	Fully Partially Not at All	
c. How will you assure that Protected Health Information (PHI) is secured in all electronic transmissions?	2) PHI will not be sent via email unless encrypted	Fully Partially Not at All	

8. Cultural Competency

Data Element	Criteria	Rating	Comments
a. Describe your plan to recruit	1) How you will recruit staff who reflect the demographics of	Fully	

staff who reflect the demographics of the community (s) you intend to serve.	the community you plan to serve	Partially Not at All
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9. Service Provision Capacity

Data Element	Criteria	Rating	Comments
a. List any other MIHPs the applicant (Owner and Coordinator) have worked for or been directly associated with and indicate role in each.	1) Other MIHPs the Owner has been affiliated with; length of time with each; role in each 2) Other MIHPs the Coordinator has been affiliated with; length of time with each; role in each	Fully Partially Not at All	
b. Describe how your agency will deliver MIHP services from receipt of referral through completion of the Risk Identifier, assignment of care Coordinator, care plan development and revision, intervention and discharge.	1) How referrals will be processed 2) How Risk Identifier will be administered 3) How care Coordinator will be assigned 4) How Plan of Care will be developed 5) When and how Plan of Care will be revised 6) How interventions will be implemented 7) How discharge will be completed	Fully Partially Not at All	
c. Describe how transportation will be coordinated with Medicaid Health Plans in your service area.	1) How MHPs in service area will be identified 2) How MIHP contact person at each MHP will be identified 3) How agency will communicate with MHP about transportation arrangements for a mutual beneficiary 4) What agency will do if unable to resolve a transportation issue with MHP	Fully Partially Not at All	
d. Describe how transportation for fee-for-service (not in a Medicaid Health Plan) beneficiaries will be arranged to all covered	1) List of transportation options for Medicaid beneficiaries in the service area 2) How agency will determine which option is most appropriate for a particular beneficiary 3) How agency will make referrals for transportation to all	Fully Partially Not at All	

appointments and for MIHP beneficiaries to covered non-medical appointments (e.g., WIC).	covered appointments/services for FFS beneficiaries and to non-medical appointments/services for MHP beneficiaries 3) If referral for transportation is not feasible, will the agency directly provide transportation	
e. Indicate your MIHP's hours of operation.	1) Days of the week that services will provided 2) Hours each day that services will be provided 3) Days of the week that office will be open 4) Hours each day that office will be open 5) How beneficiaries who need to be seen outside of regular hours will be accommodated	Fully Partially Not at All
f. Describe how you will assure staff are spending a minimum of 30 minutes at each beneficiary visit.	1) How agency will monitor documentation in beneficiary record to assure visits are at least 30 minutes long 2) How agency will monitor staff activity (e.g., time sheets) to assure visits are at least 30 minutes long	
g. Describe how you will assure that both maternal and infant visits are provided at a frequency that meets the needs of the beneficiary.	1) How agency will monitor frequency of visits 2) What agency will do if a pattern of inappropriate frequency of visits is identified	
h. Describe how you will assure that staff make every effort to provide the total number of allowable visits in keeping with each beneficiary's Plan of Care (POC).	1) How agency will monitor the number of professional visits after the Risk Identifier is administered 2) What agency will do if the average number of professional visits is less than the MIHP state average	

Data Element	Criteria	Rating	Comments
a. Describe how you will assure that all staff have read the MIHP Chapter of the Medicaid Provider Manual	1) How agency will assure all staff read MIHP Chapter of Medicaid Provider Manual 2) How agency will assure all staff read the MIHP Op Guide 3) How agency will assure all staff have opportunity to ask	Fully Partially Not at All	

10. Capacity to Administer MIHP with Fidelity to the Model

	and the MIHP Operations Guide and that their questions have been addressed.	questions about and discuss these documents with Coordinator 4) How agency will assure that all staff are informed of changes to Medicaid Provider Manual and Op Guide		
b.	Describe how you will assure that all staff know how/where to access important documents on the MIHP website at www.michigan.gov/mihp	1) How agency will assure that all staff have web site address 2) How agency will assure that all staff know how to navigate the web site	Fully Partially Not at All	
c.	Describe how you will assure that all staff receive the required MIHP training prior to providing services to beneficiaries.	1) How agency will assure that all staff meet all training requirements, as verified by submission of signed Notice of New Professional Staff Training Completion, before providing any services to beneficiaries	Fully Partially Not at All	
d.	Describe how you will assure that all MIHP staff receives pertinent information from Coordinator emails and Coordinator meetings.	1) How agency will communicate pertinent information from MDCH Coordinator emails and Coordinator meetings to staff 2) When agency will communicate pertinent information from MDCH to staff (how soon after Coordinator receives it)	Fully Partially Not at All	
e.	Describe how you will put quality assurance measures in place to assure that staff provide services with fidelity to the MIHP model.	1) How often agency will conduct internal record reviews to assure fidelity to the model 2) How many records will be reviewed each time 3) Who will conduct record reviews 4) What tools will be used to conduct record reviews 5) To whom will record review results be reported 6) How record review results will be used to improve the program	Fully Partially Not at All	

1. Individual Agency Protocols

Data Element	Criteria	Rating	Comments
1) Thirteen complete and	1) The following protocols are attached, incorporating all	Fully	

thorough agency protocols are attached on separate pages.	<p>elements specified in the Cycle 4 Certification Tool (at www.michigan.gov/mihp):</p> <ul style="list-style-type: none"> a) Staffing (#7) b) Reporting MIHP Enrollment to Medicaid Health Plan (#15) c) Confidentiality (#16) d) Beneficiary Grievances (#17) e) Emergency Services (#18) f) Accommodations for Limited English Proficiency (LEP), Deaf and Hard of Hearing, and Visually Impaired Beneficiaries (#19) g) Outreach (#20) h) Developmental Screening (ASQ-3 and ASQ:SE) (#26) i) Children's Protective Services (#50) j) Transportation Coordination (#54) k) Transferring Beneficiary (#57) l) Data Entry into the MDCH Database (#60) m) Internal Quality Assurance (#66) <p>2) Each protocol is on a separate page</p> <p>3) Each protocol is formatted as follows (sample attached):</p> <ul style="list-style-type: none"> a) Title b) Purpose c) Policy (with citations to applicable laws, e.g., HIPAA, LEP) d) Process to implement this policy
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12. Community Resource Utilization

Data Element	Criteria	Rating	Comments
a. What does the perinatal health care system in your service area look like (i.e., number of birthing hospitals,	<ul style="list-style-type: none"> 1) List of birthing hospital(s) that women in service area will likely use 2) OB/GYN providers that women in service area will likely use 	<ul style="list-style-type: none"> Fully Partially Not at All 	

b. List other community resource organizations where you will refer beneficiaries. Include resources referenced in the MIHP interventions as well as other key resources.	<p>1) List includes resources referenced in, or related to, the MIHP interventions:</p> <ul style="list-style-type: none"> a) Family Planning b) Food c) Housing d) Transportation e) Smoking/Secondhand Smoke f) Alcohol g) Drugs h) Stress/Depression/Mental Health i) Domestic Violence j) Infant Health Care k) Infant Safety l) Infant Feeding and Nutrition m) General Infant Development n) Family Social Support, Parenting and Child Care <p>1) List includes 2-1-1 Call Center (MI Assoc. of United Ways) 2) Community resource directory/guide that will be used by staff is identified and attached, if one is available.</p>	Fully Partially Not at All	
c. Describe how you will follow-up on referrals to other community services/agencies, including how your staff will document follow up.	<p>1) Process for following up on referrals</p> <p>2) Documentation will be in the chart on the progress note</p>	Fully Partially Not at All	
d. How you plan to communicate and collaborate with other MIHPs in your service area?	<p>1) Is there a group of MIHP providers that meet in your area?</p> <p>2) Do you plan to attend meetings?</p> <p>3) How will you handle it if you have an issue with another provider?</p>	Fully Partially Not at All	

13. Childbirth and Parenting Education

Data Element	Criteria	Rating	Comments
a. How will group childbirth and parenting education classes be provided to your MIHP beneficiaries?	1) Will you provide childbirth education classes directly? 2) Will you provide parenting education classes directly? 3) If not, who will you refer to?	Fully Partially Not at All	
b. If you plan to provide group childbirth or parenting education classes directly, please enclose your curriculum outline(s).	1) Attached curriculum includes elements required by Medicaid policy	Fully Partially Not at All	